

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			/			
2				/		
3				/		
4				/		
5				/		
6				/		
7				/		
8				/		
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50						
Total Indep						
Total Depend						
Total Claims						

* May be used for additional claims or amendments

	INDEP.		DEPENDENT		TOTAL CLAIMS	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Depend						
Total Claims						